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ABSTRACT

An analysis of the differences in the degree of retirement satisfaction was made, with respect to place of residence, perception of mental health and perception of physical health. The sample size consisted of 744 retired individuals who were part of a state-wide probability sample of 1133 residents of the state of Wyoming, age 60 and over. As previous research had shown, retirement satisfaction was related positively the perception of physical health and perception of mental health. The surprise finding was that retirement satisfaction was not related to place of residence at the zero-order level, but did, indirectly, affect retirement satisfaction. The key variable was perception of mental health in leading to retirement satisfaction with one's perception of physical health being affected by one's perception of mental health. (Author)

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The Influence of Rural-Urban Residence and Perceptions of Health on Retirement Satisfaction

by

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The Problem

Interest in the rural-urban dimension of our lives has been an important theme in our society as well as in the literature of the social sciences. We have been concerned for many years about the negative effects of the city as compared to the positive effects of country and small town living whether such effects are real or not.

This research paper investigates the relationship of the rural-urban dimension to retirement satisfaction plus the dimensions of self-perception of mental health and self-perception of physical health and their relationship to retirement satisfaction. This study is not unique in the study of the relationships of these three factors to retirement satisfaction, but it is unique in examining the interrelationship of the three variables in relation to their effects on retirement satisfaction.

Place of Residence

Several important migration trends concerning place of residence have occurred and are continuing to occur in the United States. Of concern to the study of older individuals has been the migration of older, as well as younger, persons to the Sunbelt, especially to retirement communities in Arizona, California, Florida, and Texas (Biggar, 1979 and Bouvier, et al., 1975). Second, there has been a turnaround in the movement from rural to urban areas (Biggar, 1979). And third, there has been the migration of large numbers of individuals to those states which are in the midst of the energy boom, i.e., those states in the Rocky Mountain West. All three trends have contributed to the process

of age-segregation by place of residence because older individuals are less likely to move (Cowgill, 1978). However, despite the growth in population in rural areas, the proportion of the population of aged individuals is greater than what could be expected by chance in those areas of the country which are predominantely rural. There are some exceptions and one of the major exceptions is in the Rocky Mountain West where the proportion of the elderly is lower than other regions of the country (Bouvier, et al., 1975).

Thus, the situation of the retired person may be unique in the Rocky Mountain West as represented in this study by those in the state of Wyoming. However, if we concur with the idea that the rural environment is to be preferred to an urban setting, the Rocky Mountain West should be a strategic research site to examine the relationship of the rural-urban dimension to retirement satisfaction.

Life in the country does seem to be preferred over that in the city (Miller and Crader, 1979). Recent research has found a positive relationship specifically between life satisfaction among the elderly and place of residence (Hynson, 1975 and Sauer, et al., 1976). These researchers have substantiated the fact that the elderly appear to be more satisfied if they are living in rural areas rather than in urban areas.

Self-Perception of Mental Health

When one holds positive views toward others and also toward one's own activities, this can be interpreted as that person being of good mental health. Then these attitudes can be used to determine their

influence upon retirement satisfaction. The perception of good mental health is comparable to the positive effects upon one's well-being when individuals perceive themselves as being younger than those around them who are the same age, i.e., perceiving themselves as being middle-age rather than being old (Back, 1974; Kastenbaum, et al., 1972 and Riley et al., 1968). That is, those with a positive view of life will be more likely to be satisfied, think of themselves as healthier, be more active, be of higher morale, etc. Thus, whether one is young or old, a positive self-perception of mental health influences satisfaction with life.

Self-Perception of Physical Health

Most surveys which ask older individuals about their own physical health compared to those of the same age indicate that individuals will respond that their own state of physical health is better than those of the same age (Kimmel, et al., 1978). Only a very small minority of those non-institutionalized elderly will say that their physical health is worse than average. The self-perception of better than average health on the part of the older individual is often made in spite of the fact that most individuals age 60 or older have at least one or more chronic conditions for which they must see a doctor or make some type of adjustment in their everyday life. What is important for this study is that the self-perception of physical health has been found to be positively related to retirement satisfaction, even more so than actual physical health (Palmore and Luikart, 1972; Spreitzer and Synder, 1974).

Methods

The Sample

The data in this report were derived from a multi-stage stratified cluster probability sample of persons age sixty and over residing in Wyoming in the Fall of 1977. Of those contacted, eighty-three and one-half percent completed the interview schedule, while 16.5 percent refused to be interviewed. Usable interviews totaled 1,133, but the final data base was 744 individuals because this study was limited to the study of only retired individuals. Interviews were done primarily by interviewers who themselves were age 60 and over, which has proved to be successful in producing valid responses from retired individuals.

Independent Variables

Self-perception of mental health was measured by a cumulative index of ten questions to which the respondents replied yes, no or don't know. The ten items which were prefaced with the phrase, "In the last week have you felt..." were

1. Pleased to have accomplished something?
2. Bored?
3. On top of the world?
4. Upset because someone criticized?
5. Excited or interested in something?
6. Depressed?
7. Pleased that things were going your way?
8. So restless couldn't sit long in a chair?
9. Proud because someone had complimented you?
10. Lonely?

All the even-numbered items were scored '0' for yes and '1' for no and don't know, while all the odd-numbered items were scored '1' for yes and '0' for no and don't know. The actual range of scores was from a

low of zero to a high of ten. The sample was divided into poor (0-5), average (6-7), and good (8-10) mental health with a distribution of 16.8, 33.7, and 49.5 percent, respectively.

Self-perception of physical health was determined by asking the respondents how their physical health was compared to others the same age. Self-perception of physical health was analyzed as a trichotomy with the categories being worse than average (9.0 percent), about average (43.4 percent) and better than average (47.6 percent).

Place of residence was measured by where the respondent was living at the time of interview and then categorized into those living in the country, small town (towns up to 9,999) and city (10,000 and over) with a distribution of 13.7, 64.6 and 21.7 percent, respectivley.

Dependent Variable

Retirement satisfaction was measured by the respondent's answer to the question, "Taking everything into consideration, how would you describe your satisfaction with life in general at the present time?" Individuals were classified as being satisfied if they responded that they were very satisfied (57.6 percent) with their life at the present time and were classified as being dissatisfied with their life at the present time if they responded they were somewhat satisfied (28.7 percent), sometimes satisfied and sometimes dissatisfied (8.9 percent), somewhat dissatisfied (3.9 percent), and very dissatisfied (0.8 percent). It was felt that this classification was justified on the basis that those responses which did not express complete satisfaction indicated dissatisfaction with the retired life to some degree on the part of

the respondent.

Findings

As noted in the review of existing research studies, retirement satisfaction has been shown to be consistently related to both mental health, physical health, and place of residence for respondents. Most studies have focused on retirement satisfaction within urban environments. Our data, based on a sample of Wyoming retirees examines the relationship between retirement satisfaction and mental and physical health perception as affected by residence of respondent.

Zero-order Relationships

The relationship between retirement satisfaction and the mental health index is the strongest (see Table 1) and is significant at the .001 level. A *tau* of .334 is appreciably larger than the *taus* for retirement satisfaction with physical health and residence. Mental health was found to be positively related to retirement satisfaction with seventy-one percent of the respondents who had good mental health stated that they were satisfied with retirement while only 29 percent of those retirees with poor mental health stated they were satisfied with retirement.

The relationship between retirement satisfaction and perception of physical health was also positive: Respondents who indicated that they were physically healthy were also more likely to indicate satisfaction with retirement. For example, thirty-six percent of those retirees with worse than average physical health stated that they were

satisfied with retirement while 66 percent of those with better than average health responded that they were satisfied with retirement (τ = .173). The *tau*, although small, was statistically significant.

The relationship between retirement satisfaction and place of residence was not significant (τ = .011). A range of less than two percent separated country from city retirees in regard to retirement satisfaction (56 percent compared to 58 percent), with city retirees reporting the highest degree of retirement satisfaction.

Multivariate Analysis

In order to check for possible confounding or suppressing effects among the variables, a multivariate analysis was undertaken. The initial stage attempted to verify the zero-order relationships while controlling for each of the other independent variables. Table 2 presents the relationships of retirement satisfaction with mental health and perception of physical health when place of residence is used as the control.

The initial *tau* of .313 between mental health index and retirement satisfaction showed little change when place of residence was the control variable. The relationship between retirement satisfaction and mental health, as indicated by *tau*, varies only slightly by place of residence. The *tau* was largest for retirees in small towns (.333) and smallest for retirees living in the country (.283). For all three residence classifications there was a positive and significant relationship between mental health index and retirement satisfaction with those in good mental health being most satisfied with retirement and respondents of poor mental health being least satisfied with retirement.

When controlled by place of residence, the relationship between perception of physical health and retirement satisfaction changed much more than with mental health. The result was that retirement satisfaction was highest for rural retirees (τ = .228) and lowest for retirees living in cities (τ = .010). The relationship between perception of physical health and retirement satisfaction remained positive for all three residence classifications, and statistically significant for the residents of rural and small town but not for those in cities.

The strength of the relationship between mental health and retirement satisfaction remained when controlled by perception of physical health (see Table 3). The original *tau* of .313 between retirement satisfaction and mental health index was reduced for two of the three categories of physical health perceptions--about average, τ = .290 and better than average, τ = .233--while it increased for worse than average, τ = .332. When place of residence and perception of physical health were simultaneously used as a control, mental health remained significantly related to retirement in six of the nine control categories (see Table 4). Consequently, one's mental health appears to be a major factor in determining retirement satisfaction even when place of residence and perception of physical health are controlled.

The relationship between perception of physical health and retirement satisfaction was reduced when controlled by mental health although the *taus* were still statistically significant (see Table 5). For those retirees with good mental health, perception of physical health had little impact on retirement satisfaction, τ = .081; while for those with poor mental health, perception of physical health was more important for

retirement satisfaction, $\tau = .149$. Lastly, the relationship between retirement satisfaction and perception of physical health was controlled simultaneously by mental health and place of residence. The relationship was significant for only two of the nine control categories (see Table 6).

Discussion and Conclusion

The real surprise finding of this study was the absence of a zero-order relationship between retirement satisfaction and place of residence as has been reported in previous studies on the rural-urban dimension and retirement satisfaction. Place of residence appears to have indirect effects upon retirement satisfaction, especially in relation to physical health and for those living in cities.

Controlling by place of residence had little impact on the positive zero-order relationships between retirement satisfaction with either mental health or physical health. The relationship between retirement satisfaction and mental health is stable and of moderate strength regardless of place of residence.

The conclusion to which we are led, at least by the results of this research, is that the zero-order relationship between retirement satisfaction and perception of physical health is due in-part to the effect of mental health on the perception of physical health. Therefore, the key variable to predicting retirement satisfaction of the three basic variables examined here is self-perception of mental health: The higher the individual is on self-perceived mental health, the more likely retirement will be viewed as very satisfactory.

Further investigation of the relationships between retirement satisfaction with place of residence, perception of mental health and perception of physical health is necessary. The authors also examined, as control variables, age, occupation, and education with no real consistent results. A different model for analysis needs to be tried, such as regression and path analysis to more accurately determine both direct and indirect effects of the factors involved. What especially needs to be examined further in the Rocky Mountain area and other sections of the country is the relationship between the rural-urban dimensions and retirement satisfaction.

Table 1: Zero-order Relationships Between Retirement Satisfaction (Percent Satisfied) and Mental Health Index, Perception of Physical Health and Place of Residence

Retirement Satisfaction by Mental Health Index		
Poor	29.03	(124)
Average	52.61	(249)
Good	70.77	(366)
χ^2 = 69.968		
p = .001		
τ = .313*		
Retirement Satisfaction by Perception of Physical Health		
Worse than Average	36.36	(66)
About Average	53.94	(317)
Better than Average	65.52	(348)
χ^2 = 22.872		
p = .001		
τ = .173*		
Retirement Satisfaction by Place of Residence		
Country	56.00	(100)
Small Town	57.77	(476)
City	58.13	(160)
χ^2 = .129		
p = .938		
τ = .011		

τ with asterisk is significant at the .05 level of significance.

Table 2: Retirement Satisfaction (Percent Satisfied) by Mental Health Index and Perception of Physical Health Controlled by Place of Residence

Retirement Satisfaction by Mental Health Index			Retirement Satisfaction by Perception of Physical Health		
Poor	29.03	(124)	Worse than Average	36.36	(66)
Average	52.61	(249)	About Average	53.94	(317)
Good	70.77	(366)	Better than Average	65.52	(348)
χ^2 = 69.968			χ^2 = 22.872		
p = .001			p = .001		
τ = .313*			τ = .173*		
Control: Lives in Country			**Control: Lives in Country**		
Poor	35.29	(17)	Worse than Average	37.50	(8)
Average	46.88	(32)	About Average	46.51	(43)
Good	68.63	(51)	Better than Average	66.67	(48)
χ^2 = 7.340			χ^2 = 4.881		
p = .025			p = .087		
τ = .283*			τ = .228*		
Control: Lives in Small Town			**Control: Lives in Small Town**		
Poor	28.38	(74)	Worse than Average	34.78	(46)
Average	49.68	(157)	About Average	54.90	(204)
Good	71.84	(245)	Better than Average	66.06	(221)
χ^2 = 50.286			χ^2 = 16.895		
p = .001			p = .001		
τ = .333*			τ = .182*		
Control: Lives in City			**Control: Lives in City**		
Poor	27.27	(33)	Worse than Average	41.67	(12)
Average	62.07	(58)	About Average	56.52	(69)
Good	69.57	(69)	Better than Average	62.34	(77)
χ^2 = 16.986			χ^2 = 1.970		
p = .001			p = .373		
τ = .301*			τ = .010		

τ with asterisk is significant at the .05 level of significance.

Table 3: Retirement Satisfaction (Percent Satisfied) by Mental Health Index Controlled by Perception of Physical Health

Zero-order Relationship of Mental Health Index and Retirement Satisfaction		
Poor	29.03	(124)
Average	52.61	(249)
Good	70.77	(366)
χ^2 = 69.968		
p = .001		
τ = .313*		
Control: Worse than Average Perception of Physical Health		
Poor	20.83	(24)
Average	34.62	(26)
Good	62.50	(16)
χ^2 = 7.259		
p = .027		
τ = .332*		
Control: About Average Perception of Physical Health		
Poor	25.93	(54)
Average	52.03	(123)
Good	66.43	(140)
χ^2 = 26.026		
p = .001		
τ = .290*		
Control: Better than Average Perception of Physical Health		
Poor	38.64	(44)
Average	59.38	(96)
Good	74.04	(208)
χ^2 = 22.361		
p = .001		
τ = .233*		

τ with asterisk is significant at the .05 level of significance.

Table 4: Retirement Satisfaction (Percent Satisfied) by Mental Health Index Controlled by Perception of Physical Health and Place of Residence

Zero-order Relationship of Retirement Satisfaction with Mental Health Index	χ^2	p	τ	N
	69.968	.001	.313*	739
Controls:				
Country by Worse than Average Physical Health	1.956	.376	-.250	8
Small Town by Worse than Average Physical Health	8.070	.018	.412*	46
City by Worse than Average Physical Health	2.537	.281	.444	12
Country by About Average Physical Health	5.339	.069	.370*	43
Small Town by About Average Physical Health	14.916	.001	.275*	204
City by About Average Physical Health	8.802	.012	.286*	69
Country by Better than Average Physical Health	1.858	.395	.139	48
Small Town by Better than Average Physical Health	15.967	.001	.250*	221
City by Better than Average Physical Health	5.713	.057	.252*	77

τ with asterisk is significant at the .05 level of significance.

Table 5: Retirement Satisfaction (Percent Satisfied) by Perception of Physical Health Controlled by Mental Health Index

Zero-order Relationship of Perception of Physical Health and Retirement Satisfaction		
Worse than Average	36.36	(66)
About Average	53.94	(317)
Better than Average	65.52	(348)
χ^2 = 22.872		
p = .001		
τ = .173*		

Control: Poor Mental Health		
Worse than Average	20.83	(24)
About Average	25.93	(54)
Better than Average	38.64	(44)
χ^2 = 2.964		
p = .227		
τ = .149*		

Control: Average Mental Health		
Worse than Average	34.62	(26)
About Average	52.03	(123)
Better than Average	59.38	(96)
χ^2 = 5.141		
p = .077		
τ = .136*		

Control: Good Mental Health		
Worse than Average	62.50	(16)
About Average	66.43	(140)
Better than Average	74.04	(208)
χ^2 = 2.864		
p = .239		
τ = .081*		

τ with asterisk is significant at the .05 level of significance.

Table 6: Retirement Satisfaction (Percent Satisfied) by Perception of Physical Health Controlled by Mental Health Index and Place of Residence

Zero-order Relationship	χ^2	p	τ	N
Retirement Satisfaction by Perception of Physical Health	22.872	.001	.173*	731
Controls:				
Country by Poor Mental Health	2.192	.334	-.055	17
Small Town by Poor Mental Health	2.817	.245	.194*	72
City by Poor Mental Health	.877	.645	.147	33
Country by About Average Mental Health	3.221	.200	.328*	32
Small Town by About Average Mental Health	2.877	.237	.114	155
City by About Average Mental Health	.492	.782	.031	56
Country by Good Mental Health	1.786	.409	.101	50
Small Town by Good Mental Health	2.077	.354	.083	244
City by Good Mental Health	.754	.686	.042	69

τ with asterisk is significant at the .05 level of significance.

References

Back, K. W.
1974 "Transition to Aging and the Self-Image." In Normal Aging II, edited by Erdman Palmore, pp. 207-16. Durham, N.C.: Duke University Press.

Biggar, Jeanne C.
1979 The sunning of America: Migration to the sunbelt. Population Bulletin. Vol. 34, No. 1 Washington, D.C.: Population Reference Bureau, Inc.

Bouvier, Leon, Elinore Atlee and Frank McVeigh.
1975 The Elderly in America. Population Bulletin, Vol. 30, No. 3 Population Reference Bureau, Inc., Washington, D. C.

Cowgill, Donald O.
1978 Residential Segregation by age in American metropolitan areas. Journal of Gerontology, Vol. 33, No. 3 (May):446-453.

Hynson, L. M., Jr.
1975 Rural-urban differences in satisfaction among the elderly. Rural Sociology, Vol. 40:64-66.

Kastenbaum, R.
1972 "The Ages of Me." Aging and Human Development III, 2:197-211.

Kimmel, Douglas C., Karl F. Price and James W. Walker
1978 Retirement Choice and Retirement Satisfaction. Journal of Gerontology, Vol. 33, No. 4 (July):575-585.

Miller, Michael K. and Kelly W. Crader
1979 Rural-urban differences in two dimensions of community satisfaction. Rural Sociology Vol. 44, No. 3 (Fall):489-504.

Palmore, Erdman, and Clark Luikart
1972 Health and social factors related to life satisfaction. Journal of Health and Social Behavior. Vol. 13:68-80.

Riley, Matilda White and Anne Foner et al.
1968 Aging and Society--Volume One: An Inventory of Research Findings. New York: Russell Sage Foundation.

Sauer, William J., Constance Shehan, and Carl Boymel
1976 Rural-Urban Differences in Satisfaction among the Elderly: A Reconsideration. Rural Sociology Vol. 41, No. 2 (Summer): 269-275.

Spreitzer, Elmer and Elson E. Synder
1974 Correlates of life satisfaction among the aged. Journal of Gerontology, Vol. 29 (July):454-458.